



# The presentation will begin shortly

Division of Cancer Control and Population Sciences  
Healthcare Delivery Program

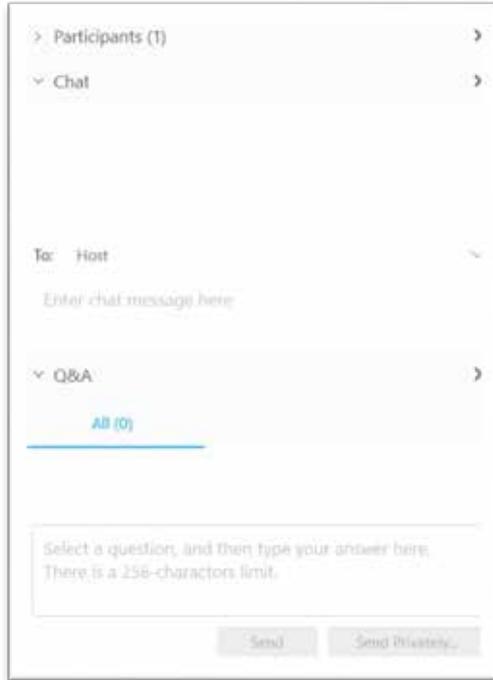


# **Current Approaches for Addressing Medical Financial Hardship in the Context of Cancer Care Delivery**

**August 27, 2020**

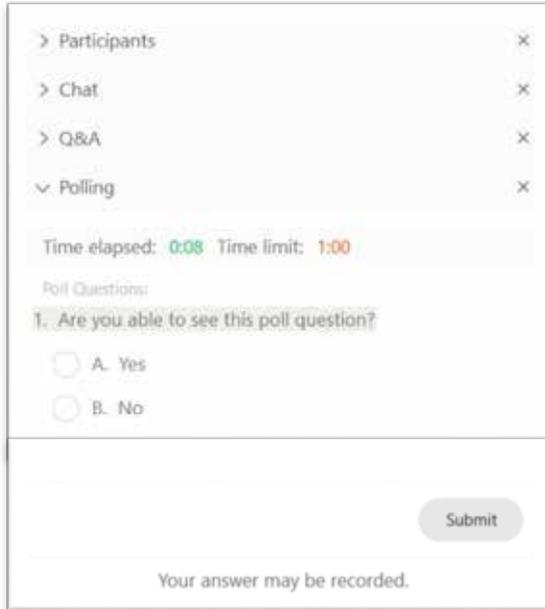
**12:00 PM - 1:00PM ET**

## WebEx and Webinar Logistics



- § All lines will be in listen-only mode
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- § You may need to activate the appropriate box using the floating navigation panel. Found on the center of your screen
- § To “raise your hand” to ask a question select the hand icon found under the Participant Panel
- § If you have questions or feedback following the presentation, please contact [HCTcyberdiscussions@nih.gov](mailto:HCTcyberdiscussions@nih.gov)

# WebEx and Webinar Logistics



The screenshot shows a sidebar on the left with menu items: Participants, Chat, Q&A, and Polling. The Polling section is expanded. Below the sidebar, it displays 'Time elapsed: 0:08' and 'Time limit: 1:00'. Under 'Poll Questions:', there is a question: '1. Are you able to see this poll question?'. Below the question are two radio button options: 'A. Yes' and 'B. No'. At the bottom right of the poll area is a 'Submit' button. At the very bottom of the interface, it says 'Your answer may be recorded.'

- § Make sure icons are selected for them to appear as a drop-down option
- § Closed captioning is available by clicking the link that will appear in the Chat Panel
- § Questions will appear in the Poll Panel select your answer and hit "submit"

## Featured Presenter



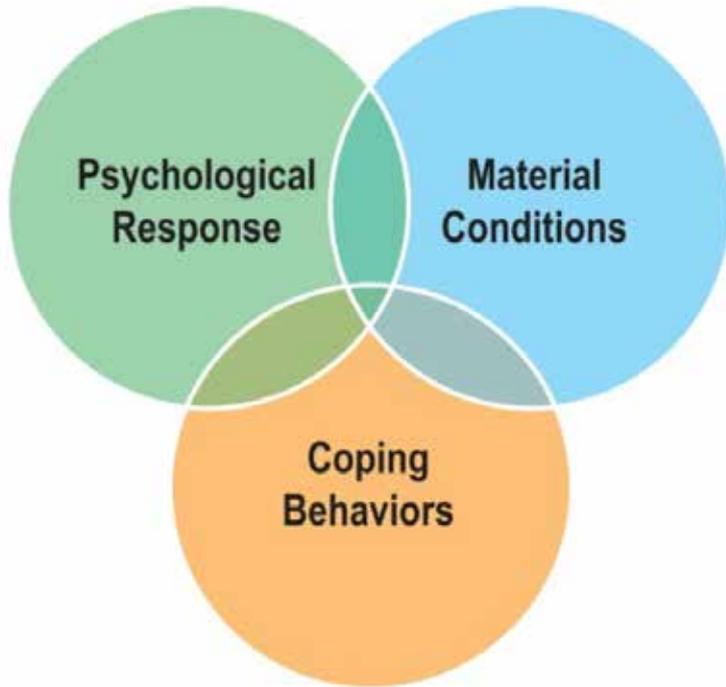
**Janet S. de Moor, PhD, MPH**  
Deputy Associate Director  
Healthcare Delivery Research Program

**Title:** Current Approaches for Addressing Medical Financial Hardship in the Context of Cancer Care Delivery

## Objectives

1. *Describe the prevalence and consequences of financial hardship*
2. *Present findings from the NCI Survey of Financial Navigation Services and Research*
3. *Discuss future research directions, data resources, and funding opportunities*

# Cancer-Related Financial Hardship

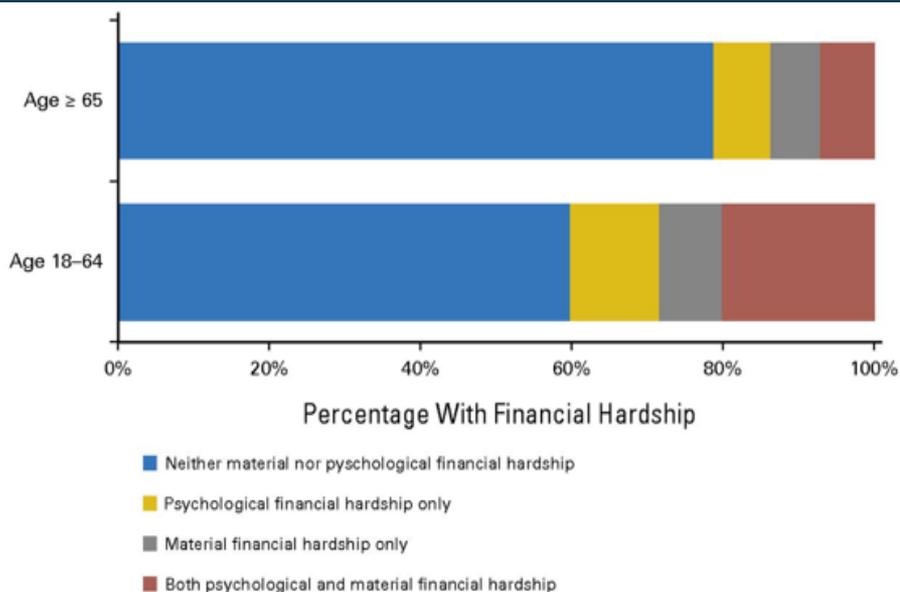


- § Cancer-related financial hardship is increasingly common.
- § High launch price of new cancer therapies that increase over time
- § Insurance benefit structures that lead to high patient out-of-pocket costs
- § Sick leave, employment changes, and job loss among patients and caregivers

Source: Altice, C.K., et al., Financial Hardship Experienced by Cancer Survivors: A Systematic Review. *J Natl Cancer Inst*, 2017. 109(2); Yabroff KR, et al. Medical Financial Hardship among Cancer Survivors in the United States: What do we Know? What do we Need to Know? *Cancer Epidemiol Biomarkers Prev*. 2018 27(12); 1389-1397.

# Cancer-Related Financial Hardship

Material & psychological financial hardship associated with cancer



§ Financial hardship is detrimental to patients and their families.

§ Treatment delays and non-adherence

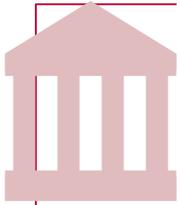
§ Clinical trial participation

§ Stress and worry

§ Decreased quality of life

Sources: Yabroff KR, et al. Financial Hardship Associated with Cancer in the United States: Findings from a Population-Based Sample of Adult Cancer Survivors. J Clin Oncol. 2016 34(3):259-267.

# Interventions to address cancer-related financial hardship



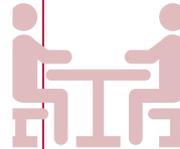
**Policy:** Policy reform to increase competition, price transparency, and regulate price and price increases. Policies to expand paid sick leave.



**Employer:** Workplace accommodations, access to paid sick leave, improving support and resources for employees with health conditions.



**Healthcare system:** Financial Navigation, including screening and financial service delivery.



**Providers:** Cost communication between the healthcare team and the patient.

# Barriers to addressing cancer-related financial hardship

- § Availability and access to financial services.
- § Resources to coordinate and deliver services.
- § Challenges of estimating treatment costs.
- § Provider's level of comfort with discussing cost issues.
- § Patient preferences and concerns.

# NCI Survey of Financial Navigation Services and Research Objectives

## Screening

- Describe practices for identifying cancer patients experiencing financial hardship.

## Service Delivery

- Characterize existing financial navigation services and their mode of delivery to patients.

## Research

- Assess the number of active studies addressing cancer-related financial hardship.

# Survey methods

Data were collected between July 26 and September 9, 2019.

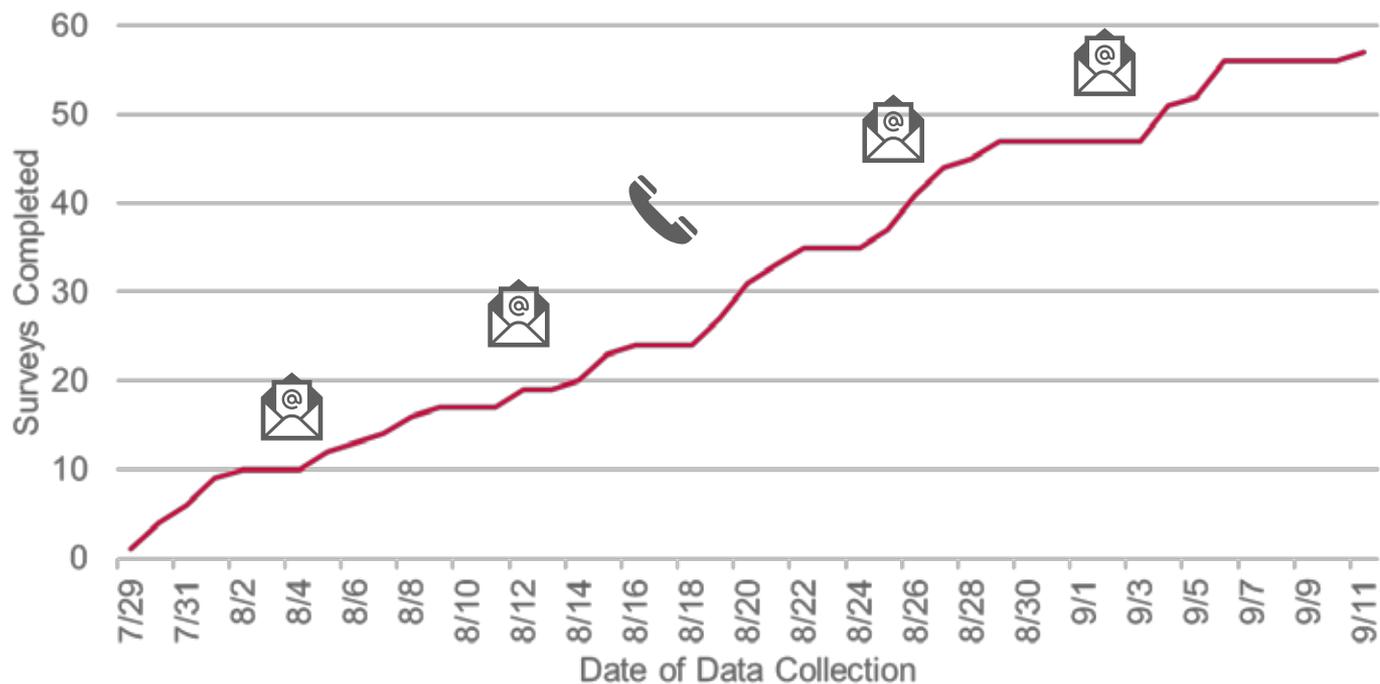
- § The survey consisted of 16 multiple-choice and open-ended questions, which were developed in collaboration with subject matter experts.
- § Surveys were completed on-line.

Eligibility was limited to the Comprehensive Cancer Centers and Cancer Centers that provide patient care (n=63 at the time of the survey).

- § St. Jude Children's Research Hospital was excluded due to their unique billing model, bringing the eligible population to 62 Centers.

# Survey Participation Timeline

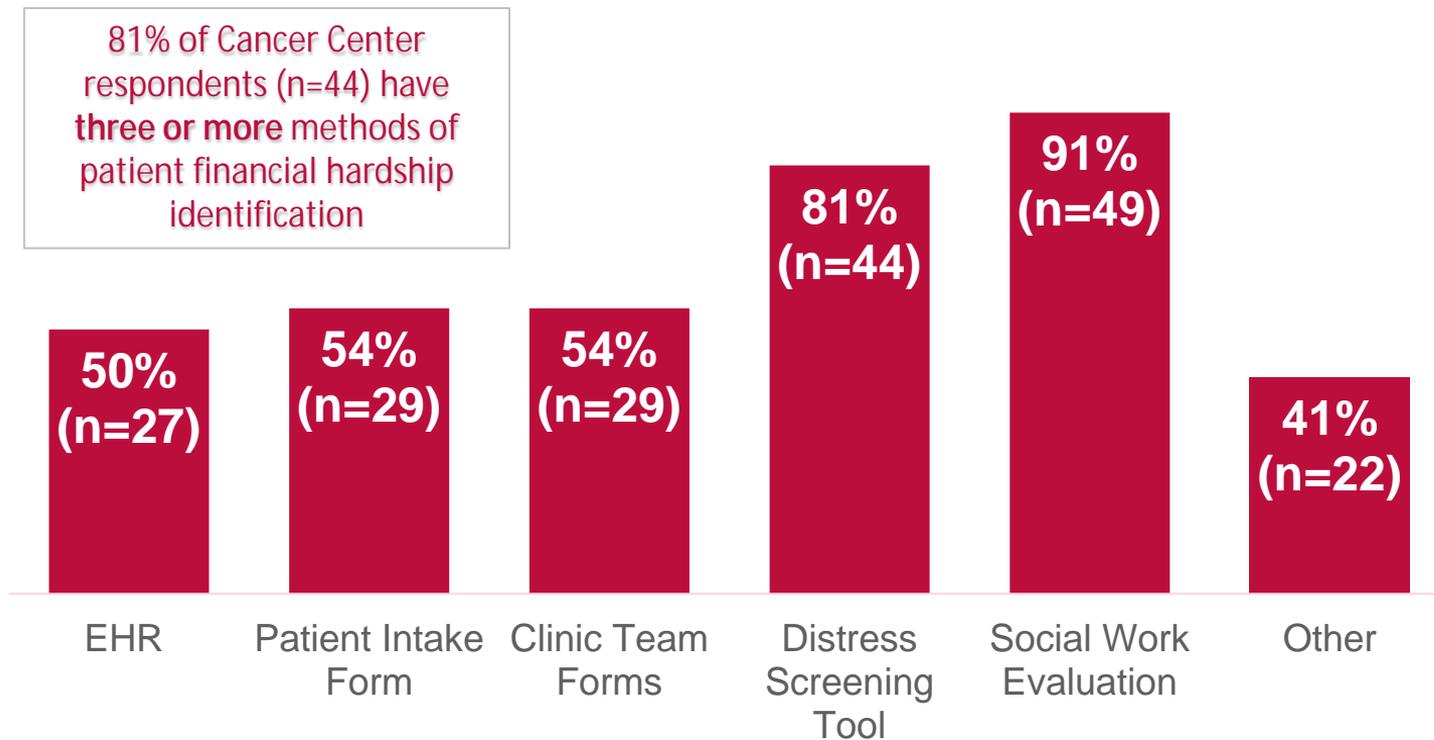
Survey completed by 92% (n= 57) of eligible Cancer Centers



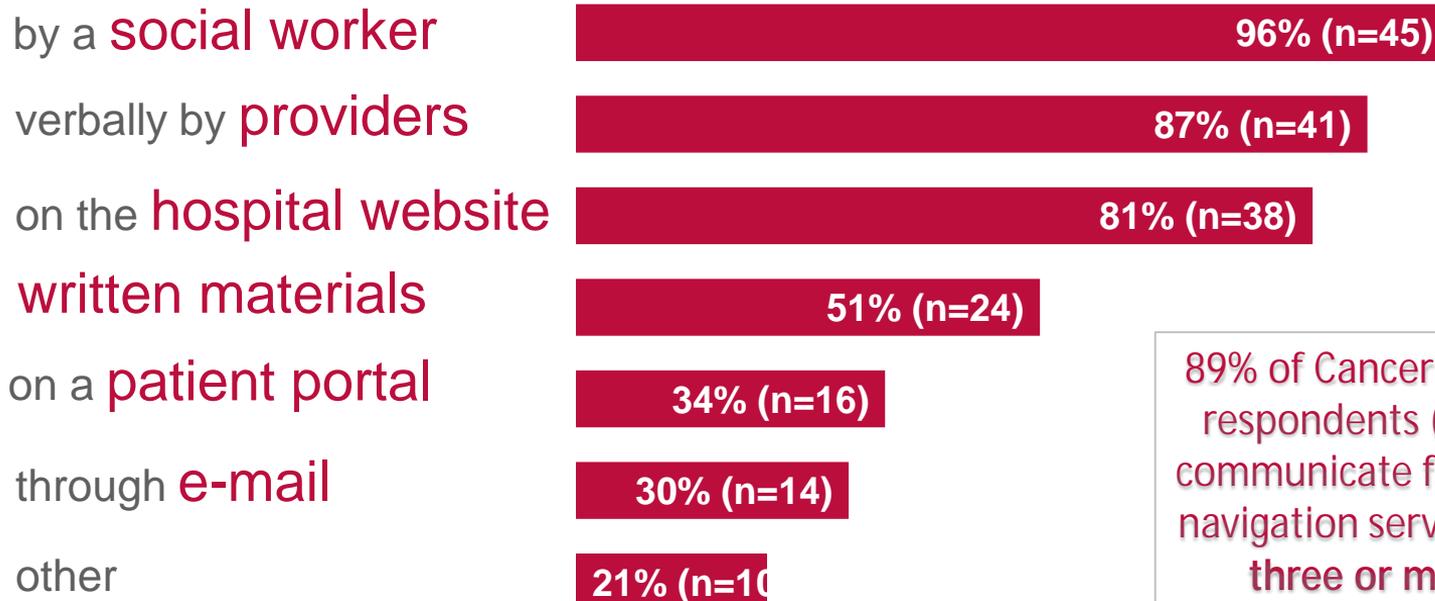
 = reminder email correspondence

 = reminder phone call

# 95% Cancer Centers have a system or process to identify patients experiencing financial hardship



# 82% of Cancer Centers proactively communicate the availability of financial navigation services



89% of Cancer Center respondents (n=42) communicate financial navigation services via **three or more** methods

# A range of financial services are available, largely delivered by social workers and financial navigators

Financial Navigation Service	% of Centers offered to either all patients or certain patients based on cancer type or treatment	Staff who most often provide service <sup>1</sup>		
Help applying for pharmaceutical assistance programs & medication discounts.	98.00	Pharmacy staff [52%]	financial navigator [46%]	Social worker [41%]
Help applying for financial assistance with non-medical costs such as transportation, housing, utility bills, and other expenses.	96.00	Social worker [93%]	Financial navigator [35%]	Patient navigator [31%]
Referrals to a foundation or charity for financial navigation or help paying for medical care.	95.00	Social worker [72%]	Financial navigator [48%]	Patient navigator [26%]
Help applying for health insurance coverage, including Emergency Medicaid.	95.00	Financial navigator [69%]	Social worker [54%]	Billing staff [31%]

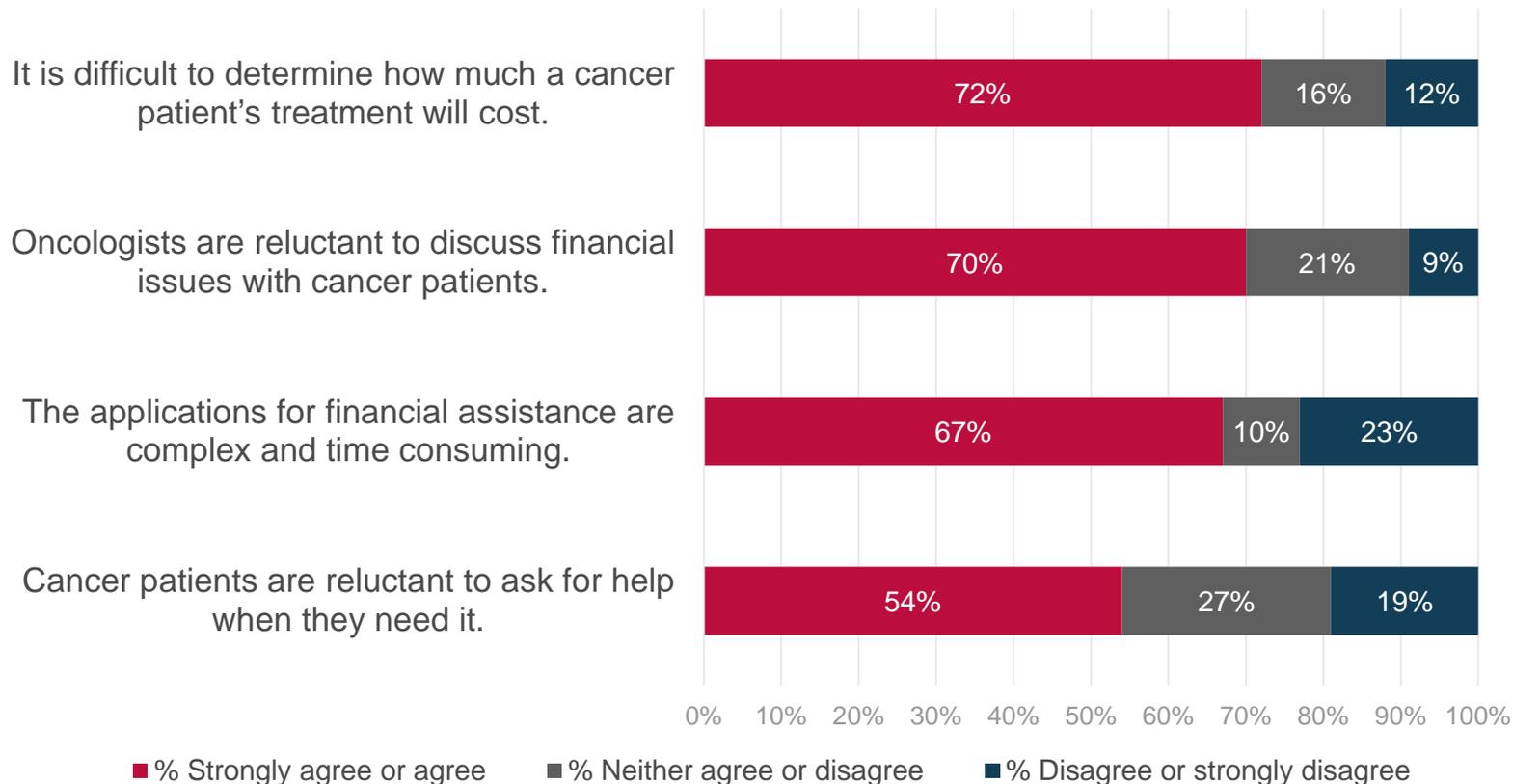
<sup>1</sup>The staff are limited to the three positions reported most frequently by participating Cancer Centers.

# A range of financial services are available, largely delivered by social workers and financial navigators

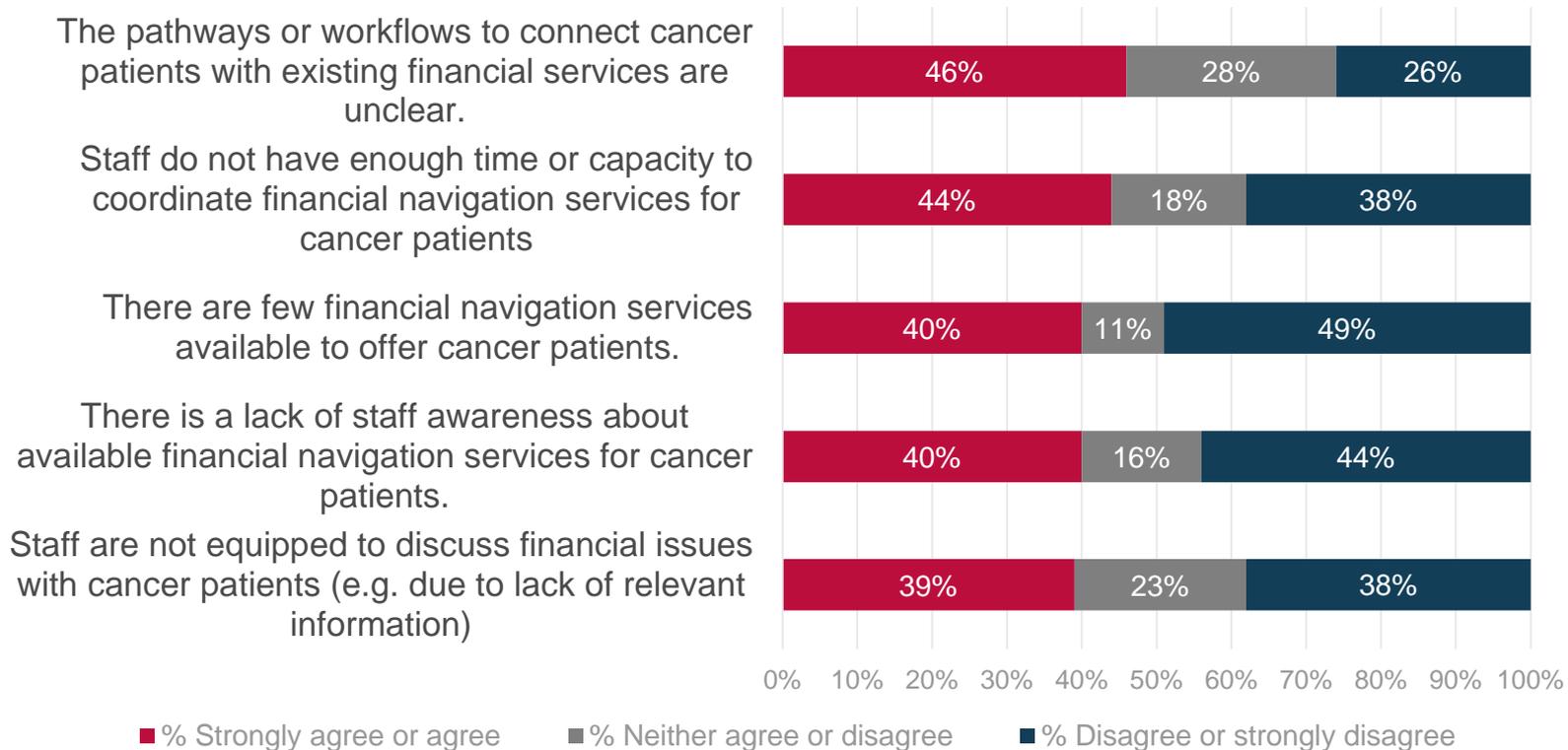
Financial Navigation Service	% of Centers offered to either all patients or certain patients based on cancer type or treatment	Staff who most often provide service <sup>1</sup>		
Help understanding medical bills and out of pocket costs or the projections of what those costs are expected to be.	89.00	Financial navigator [86%]	Billing staff [57%]	Social worker [43%]
Direct financial assistance with non-medical costs such as transportation, utility bills, housing and other expenses.	88.00	Social worker [90%]	Financial navigator [30%]	Patient navigator [30%]
Direct financial assistance paying for medical care, including the costs associated with participating in a clinical trial.	82.00	Financial navigator [62%]	Social worker [49%]	Billing staff [36%]
Counseling about medical debt management.	63.00	Financial navigator [78%]	Billing staff [44%]	Social worker [36%]
Detailed discussions about treatment options, including a comparison of costs.	54.00	Financial navigator [61%]	Doctor [39%]	Advance practice provider [29%]
Guidance about legal protections for cancer patients and their families.	51.00	Social worker [62%]	Financial navigator [45%]	Other [38%]

<sup>1</sup>The staff are limited to the three positions reported most frequently by participating Cancer Centers.

# Centers vary in their experience delivering financial navigation services



# Centers vary in their experience delivering financial navigation services



# Cancer Centers report ongoing research to understand and address cancer-related financial hardship

§ Many Cancer Centers have active observational or intervention studies of cancer-related financial hardship. Additionally, 30% of Centers reported that they had new research studies in development to understand and address patient's financial needs.

Number of observational studies:

- 25% have **zero** studies
- 23% have **1 - 2** studies
- 22% have **3 or more** studies
- 30% **do not know** how many are active

Number of intervention studies:

- 49% have **zero** studies
- 19% have **1 - 2** studies
- 7% have **3 or more** studies
- 25% **do not know** how many are active

# Limitations

- § Data are from the perspective of respondents.
- § Findings are based on self-report.
- § Survey did not capture financial navigation from the patients' perspective.
- § Survey did not describe what services patients used or found helpful.

# Conclusions

## Financial services are available

- There are many tools within the NCI-Designated Cancer Centers to identify patients experiencing financial hardship and to address financial needs

## Experiences differ across Centers

- Cancer Centers report different experiences in delivering financial navigation services, likely due to services, infrastructure, staffing, and workflows.

## Care coordination is a challenge

- Services are delivered by a multidisciplinary group of staff; however, awareness of services and capacity to coordinate services is an issue for some.

## Additional research is needed

- A pipeline of research is needed to mitigate cancer-related financial hardship, develop models of financial service delivery and improve care coordination and the delivery of services.

# Data Resources and Initiatives

<https://healthcaresdelivery.cancer.gov/>

## § Population-based household surveys

§ **Health Information National Trends Survey (HINTS):** Nationally representative survey that collects data about the use of cancer-related information in the US.

§ **Medical Expenditure Panel Survey (MEPS) and MEPS Experiences with Cancer Survivorship Supplement:** Nationally representative survey that collects data on health insurance, access to health care, utilization, and expenditures in the US.

§ **National Health Interview Survey (NHIS):** Population-based survey that captures data on health status, acute and chronic health conditions, health insurance, financial burden of medical care, health care access and utilization and sociodemographic and employment information.

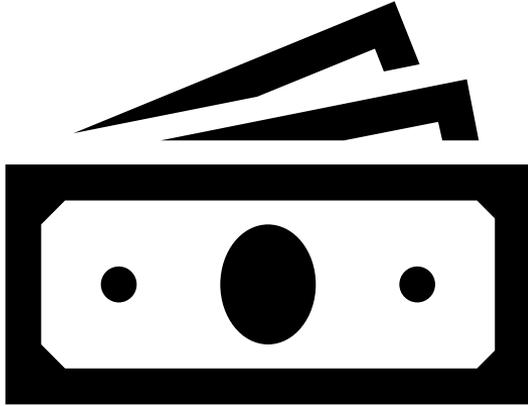
## § Claims data

§ **SEER-Medicare & SEER-Medicaid:** Linked data resource offers a unique opportunity to conduct studies on costs and patient outcomes of cancer and its treatment.

## § Data on cancer care in community settings

§ **NCI Community Oncology Research Program (NCORP):** national NCI-supported network that brings cancer prevention clinical trials and cancer care delivery research (CCDR) to people in their communities.

# Funding Opportunity Announcements



- § NCI Healthcare Delivery Research Program (<https://healthcaredelivery.cancer.gov/hardship/funding.html>) and
- § Division of Cancer Control and Population Sciences ([https://cancercontrol.cancer.gov/funding\\_apply.html](https://cancercontrol.cancer.gov/funding_apply.html)).
- § SBIR/STTR program (<https://www.sbir.gov/solicitation-listing/open>)
- § NIH Guide for Grants and Contracts (<https://grants.nih.gov/funding/about-nih-guide-to-grants-and-contracts.htm>)

# We are here to help!

<https://healthcaresdelivery.cancer.gov/>



 Healthcare Delivery Research Program



9/14/2020

# Acknowledgements

## NCI Office of Cancer Centers

§ Henry P. Ciolino, PhD

## HDRP Financial Hardship Working Group

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# Questions?

# NCI Funding Opportunity

## Research to Improve Interprofessional Teamwork and Coordination During Cancer Diagnosis and Treatment NOT-CA-19-059

NCI invites investigator-initiated research applications focused on understanding and improving interprofessional teamwork and coordination during cancer diagnosis and treatment.

Please direct all inquiries to:

Sallie J. Weaver, PhD, MHS  
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Telephone: (240) 276-6254  
Email: [sallie.weaver@nih.gov](mailto:sallie.weaver@nih.gov)

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## New Series - Telehealth and Cancer Care Delivery

COVID19 Pandemic: Natural Experiment in Rural Cancer Care Telemedicine Capacity Building  
TBD (October 2020)

Self-Management to Optimize Survivorship Care and Outcomes in Lung and Colorectal Cancer  
February 4, 2021

Enhancing Cancer Care of Rural Dwellers Through Telehealth and Engagement  
June 11, 2021

Optimizing Telehealth Across the Cancer Care Continuum During the COVID 19 National Emergency  
October 12, 2021

**Register:** <http://healthcaredelivery.cancer.gov/cyberseminars/>

# Thank You!



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